Great Looks

Sclerotherapy not just for leg veins anymore

Head and shoulder, knees and toes. That’s the kids’ song. Check and hands, chest and legs is the adult version.

Europe does cast skeptical eye on use of Restylane, Hylaform

And here in the USA, a dermatologist believes there should be more pre-treatment screening tests before these skin fillers make their big debut.

Laser use hot topics heat up in Special Report section

Ablative, nonablative lasers; lasers used in combination with gel and other modalities; the nurse’s role in laser Tx; avoiding complications; ethnic patient laser hair removal all begin on page

Has Endermologie fallen short of its high expectations?

Cellulite removal is possible with prayers and dreams, as long as the procedure is accompanied by diet, exercise, and having a great technique.

Physician’s Profile:

J. Sheldon Arzt, M.D. (retired)

Plastic surgeon pioneered techniques and helped lead the quest for better-informed patients.

SPECIAL REPORT

LASERS

Noninvasive skin toning, rejuvenation uses laser duo

By Coriene Hannapel
Staff Correspondent

Walnut Creek, Calif. — Combined treatment with a 532-nm KTP laser and a 1064-nm long-pulsed Nd:YAG laser decreased redness and pigmentation, in the appearance of rhytids, in skin tone, and in texture, reported dermatologist Min-Wei Christine Lee, M.D.

“By combining visible light with infrared light, we take care of noticeable coloration defects, and also provide the skin toning and tightening and texture improvement that patients are seeking,” said Dr. Lee, author of the study, which, she added, is the first to evaluate this laser combination.

“Noninvasive techniques for skin rejuvenation are being quickly established as a new standard in the treatment of mild rhytids and overall skin toning,” said Dr. Lee, director, East Bay Laser & Skin Care Center, Walnut Creek, Calif., and clinical instructor at University of California, San Francisco. “The one common ingredient every skin rejuvenation procedure has right now is a claim to make more collagen.”

Dr. Lee found that patients want to have improvement in their color defects and they also want to have better skin tone and texture — and they want it in one procedure. By combining two lasers, she has been able to provide these results.

The study group included 150 patients.

Happy 35th anniversary, ASAPS

Las Vegas — In 1967, the St. Louis Cardinals won the World Series over the Boston Red Sox by four games to three. It also saw the establishment of the American Society for Aesthetic Plastic Surgery, now meeting for its 35th annual conference. At the beginning of the 20th century, aesthetic (cosmetic) surgery was performed in total secrecy, primarily in Europe, ASAPS reported.

In the United States, New York City became the center of cosmetic surgery, which was done mostly “behind closed doors” into the 1950s. The 28 founding members were dedicated to the advancement of cosmetic surgery among board-certified physicians. ASAPS now boasts 1,900 members and maintains a Web site at www.surgery.org for the latest news, procedures, and doctor searches.

“Back in the ’60s when the major focus of plastic surgery was on reconstruction, the pioneers had the courage and foresight to say, ‘cosmetic surgery is valuable to people’s lives,'” said Malcolm Paul, M.D., current president of ASAPS. “Without ASAPS cosmetic surgery would have remained ‘in the closet’ for many more years.”

A 47-year-old Hispanic patient shown before (left) and one month after undergoing a facelift, necklift, and upper blepharoplasty.

Uncovering keys to successful cosmetic surgery of minorities

Four physicians share views and techniques for Caucasian and ethnic patient surgeries

By Lisette Hilton
Staff Correspondent

Beverly Hills, Calif. — Nearly 1 million, or 13 percent, of the more than 7.4 million cosmetic plastic surgery patients in 2001, were minorities, according to statistics tracked by the American Society of Plastic Surgeons. African-Americans and Hispanics comprised 5 percent each of the cosmetic surgery population, and 3 percent were Asian-American.

Physicians are not only reporting increases in the numbers of African-American and Hispanic patients in their practices, but they are also learning how to work around some of the challenges inherent in the darker skinned populations.

Pearlmint D. Hicks Jr., M.D., a plastic and reconstructive surgeon who practices in Beverly Hills, Calif., said 40 percent of his practice is made up of African-Americans. In practice for 24 years, Dr. Hicks has seen cosmetic surgery increases among black and Hispanic populations, but not so much among Asians.

The most popular procedures among black women, according to Dr. Hicks, are rhinoplasty, breast reduction, liposuction, and tummy tucks. Paul Wigoda, M.D., a board-certified plastic surgeon in Fort Lauderdale, Fla., agreed, adding breast augmentation and blepharoplasty to the list of favorite procedures among ethnic patients. Facelifts are not as common or needed among black women as they are among Caucasian women, Dr. Wigoda said.

Still, Latinos, experts agree, take advantage of the full range of cosmetic surgery options.
Safe, efficacious hair removal for darker skinned patients

Physician realized lasers were designed for light-skinned patients; developed three-pronged approach for dark skin

By Lisette Hilton
Staff Correspondent

Washington — Hair removal lasers were originally invented for Caucasians; in fact, people of color, including African-Americans, Native Americans, Indians, Latinos, and others, are contraindicated for hair removal with the lasers, reported Elliot F. Battle Jr., M.D.

Dr. Battle, an African-American, became passionate about solving the dilemma of laser hair removal for darker skinned patients and for lighter skinned patients with a tan. He worked for three years, while a research and clinical fellow at Harvard Medical School Department of dermatology, alongside R. Rox Anderson, M.D.

“I did research on how to make lasers safer and more efficacious on patients of color and Caucasians with tan skin,” said Dr. Battle, dermatologist, Washington, DC, and assistant professor, dermatology, Howard University Hospital.

“He first noted that doctors and other practitioners need to choose a wavelength that is appropriate. Wavelength determines how much melanin or pigment is absorbed. The older lasers, when they first came out for hair removal, would find a wavelength of maximal absorption. These include the long pulsed ruby and long pulsed alexandrite lasers — lasers that Dr. Battle said "love melanin."

The better choices for darker skin are the longer wavelengths, such as the diode and even Q-switched Nd:YAG. The diode features 800 nm; the Nd:YAG is 1064 nm.

According to Dr. Battle, the 1064 nm treats skin type VI. The 800 nm allows doctors to treat up to skin type V, venturing into skin type VI.

The second step in the process is to pour energy into the skin at a slower rate, focusing on pulse duration. By doing so, the skin is absorbing the energy at a slower rate and heating up at a slower rate. That provides entry to the third step: aggressively cooling the skin.

The reasoning is clear: The skin absorbs light. The darker the skin, the more light is absorbed; so the only way to prevent the skin from side effects is to remove heat as aggressively as possible.

“It is crucial for all three of those aspects to be in place. We have to combine the appropriate wavelengths with longer pulse durations and aggressive skin cooling,” Dr. Battle said. “Our curly hair curls back into our faces, so we get beard bumps, or ingrown hair. Most of us are either taught a meticulous shaving technique, using a special razor or gel, or we use a very strong depilatory, like Magic Shave — all of which can cause side effects, too.

Dr. Battle has no financial or professional ties to products mentioned. CST